

**Public Health Accountability Metrics – 2019-21 measures for review**  
**CLHO review, May 16, 2019**

**Background:** On March 21, 2019 the Public Health Advisory Board adopted the 2019 Public Health Accountability Metrics Annual Report. PHAB requested that the Accountability Metrics subcommittee review the following measures before finalizing the 2019-21 measure set.

Measure	Outcome or process measure	Notes from March 21 PHAB discussion	Next steps
Dental visits for children aged 0-5 <b>PHAB subcommittee recommendation: No change for 2019-21; keep as developmental measure</b>	Outcome	Need to determine whether available data sources meet the criteria to move this from a developmental to an accountability metric.	<b>Decision requires PHAB approval</b>
Prescription opioid mortality	Outcome	Oregon met the benchmark of three deaths per 100,000 in 2017. PHAB should consider changes to this metric to reflect the broader context of illicit opioid deaths and overdoses not resulting in deaths.	<b>Decision requires PHAB approval</b>
Prescription opioid mortality: Percent of top opioid prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)	Process	Since 2018, Oregon law requires all opioid prescribers to be enrolled in the PDMP. Measure no longer provides useful information.	OHA and CLHO will make recommendations to the subcommittee
Adult smoking prevalence: Percent of population reached by tobacco-free county properties policies	Process	LPHAs met the benchmark for comprehensive (all properties) or partial (some properties) tobacco-free county properties. Consider changing what is reported to differentiate comprehensive and partial policies.	OHA and CLHO will discuss whether to make this change
Active transportation: LPHA participation in leadership or planning initiatives related to	Process	The measure should reflect LPHA participation in implementation, in addition to planning.	OHA and CLHO will revise measure data collection

active transportation, parks and recreation or land use			
Drinking water: Percent of water system surveys completed, and Percent of priority non-compliers resolved	Process	Both measures are at close to 100%. Consider changing what is measured and reported.	OHA and CLHO will make recommendations to the subcommittee
Effective contraceptive use: Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use	Process	Need to develop a new data collection mechanism.	OHA and CLHO will revise measure data collection

CLHO feedback requested: Prescription Opioid Mortality metric  
May 16, 2019

## **Background**

At the May 6 PHAB Accountability Metrics subcommittee meeting, subcommittee members discussed the Prescription Opioid Mortality accountability metric and potential changes to the metric for 2019-21.

Subcommittee members heard about limitations to the current measure, including:

1. Challenges in classifying opioid poisoning deaths as prescription or illicit;
2. Changes in drug use and overdose. (As an example, the U.S. is experiencing a surge in illicitly manufactured fentanyl, which until recently was exclusively a prescription drug);
3. Many overdoses include multiple drugs, not a single drug;
4. Narrow definition of “prescription” overdose deaths which excludes certain drugs.

OHA Injury and Violence Prevention section recommends moving to “Any opioid mortality.”

## **Request for feedback**

PHAB Accountability Metrics requests feedback from local public health officials on:

1. Changing the outcome measure for the public health system to a measure that considers the broader context for opioid overdose and mortality.
2. If the outcome measure is changed, defining the core role of every LPHA to make improvements toward meeting the outcome measure. Examples could include access to treatment, harm reduction interventions; prevention strategies). This would become the new local public health process measure.



# Prescription Opioid Mortality

## Health Outcome Measure

### Prescription opioid mortality rate per 100,000 population

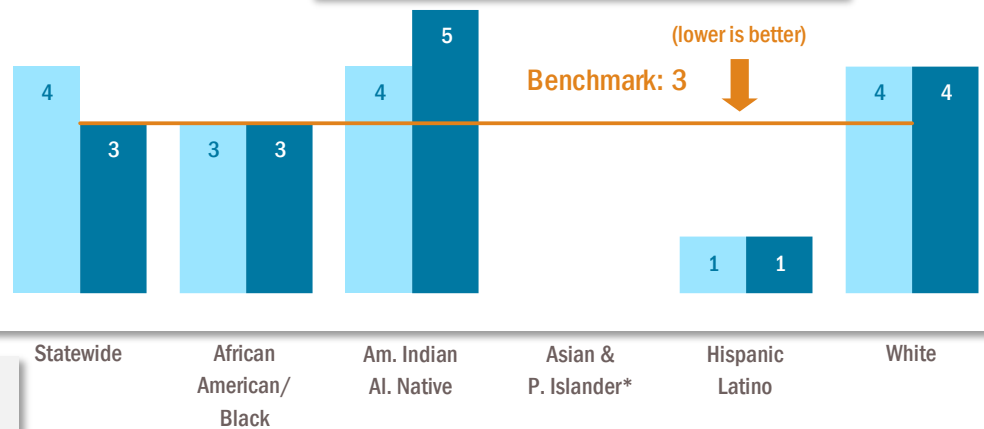
Foundational program area: Prevention and Health Promotion

Data source: Oregon Vital Events Registration System (OVERS)

Benchmark source: Less than 3/100,000, Oregon State Health Improvement Plan (SHIP) 2020 target

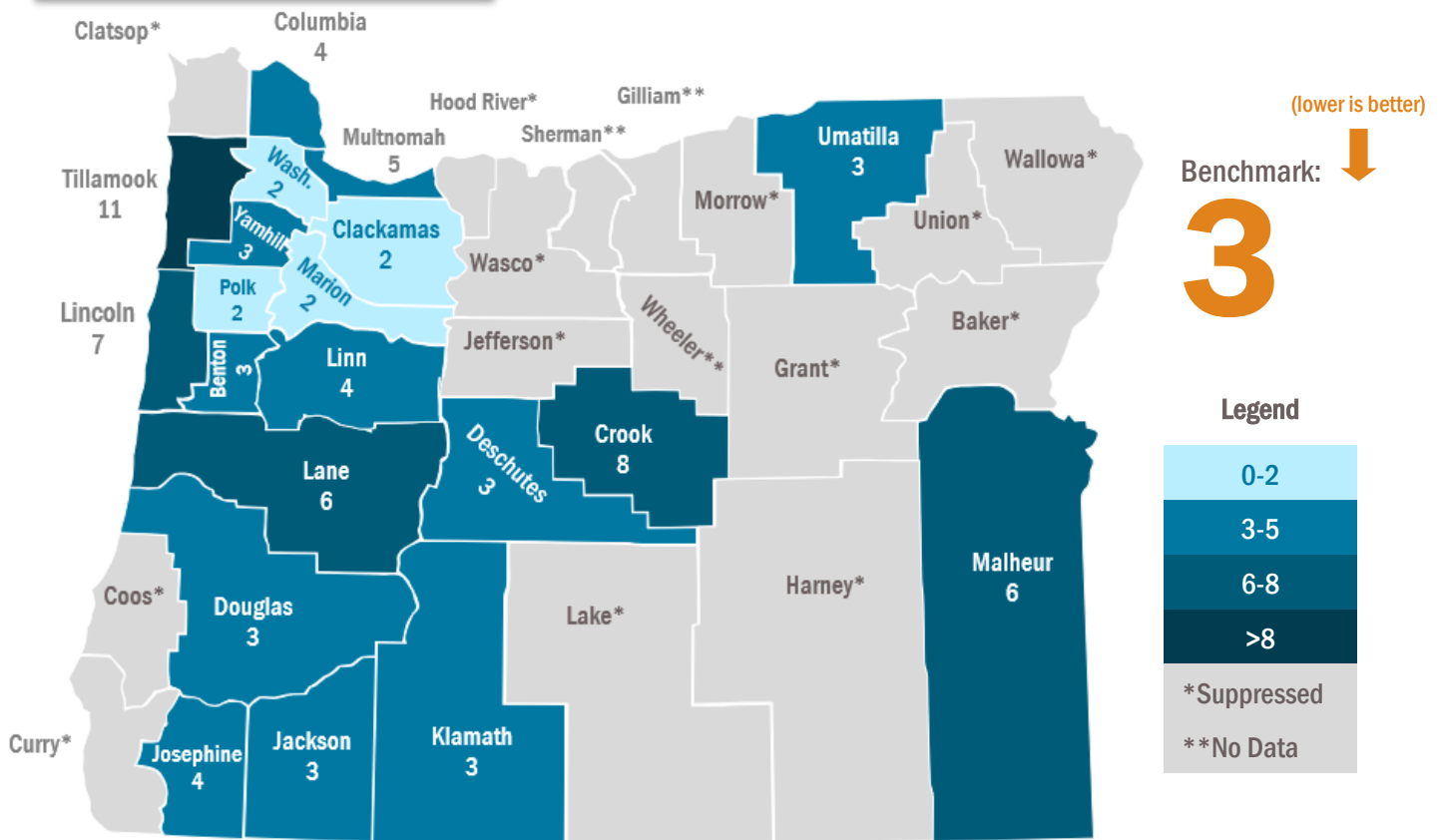
#### By race and ethnicity

● 2012-2016 ● 2013-2017



#### By county

Oregon 2013-2017



#### Notes:

- All rates are 5-year average crude rates per 100,000.
- Population estimates are from the National Center for Health Statistics (NCHS) bridged-race annual population estimates.
- Starting in 2014, data do not include deaths from Oregon residents that occurred out of state.
- "Pharmaceutical opioids" as a category exclude novel synthetic opioids and illicit fentanyl analogs because there is not currently a mechanism for distinguishing between prescribed synthetic opioids, including prescription fentanyl, and illicit fentanyl analogs. However, this means that deaths associated



# Prescription Opioid Mortality

Health Outcome Measure

**Prescription opioid mortality rate per 100,000 population**

*(Continued from previous page)*

with prescription synthetic opioids, such as prescription fentanyl, are also excluded (but not methadone).

- \* indicates rates not displayed for groups with 5 or fewer deaths or relative standard error (RSE) > 30.
- \*\* indicates counties for which no deaths were reported.



# Prescription Opioid Mortality

## Local Public Health Process Measure

### Percent of top opioid prescribers enrolled in PDMP

Foundational program area: Prevention and Health Promotion

Data source: Oregon Prescription Drug Monitoring Program (PDMP) database

Benchmark source: 95%, provided by Oregon Health Authority, Public Health Division, Injury and Violence Prevention Section

#### Local public health funding

OHA funds some local public health authorities (LPHAs) for prescription drug overdose prevention.

These LPHAs are required to promote prescriber enrollment in the PDMP.

Benchmark:

95%

#### Notes:

- Top prescribers are defined as the top 4000 prescribers by volume; this represents approximately 20% of all prescribers in Oregon.

- \* There were no top prescribers in Gilliam County as of 9/30/2017.

#### By county

As of 9/30/2016

As of 9/30/2017

